

AGRICULTURAL WORKER

WORKER PROTECTION STANDARD TRAINING FORM

Agricultural Worker's Name (Print) _____

Signature _____ Date _____

THIS FORM USED ONLY BY CERTIFIED COMMERCIAL AND PRIVATE PESTICIDE APPLICATORS TO VERIFY WPS TRAINING OF AGRICULTURAL WORKERS.

This agricultural worker has received training in the Worker Protection Standard (WPS) as required by the United States Environmental Protection Agency (US EPA), for an Agricultural Worker. The training was conducted using US EPA approved training material to convey the WPS requirements found in the "How to Comply" manual.

The following topics were covered within this training as an ***Agricultural Worker***:

- ☐ Where and in what form pesticides may be encountered during work activities.
- ☐ Hazards of pesticides resulting from toxicity and exposure, including acute effects, chronic effects, delayed effects and sensitization.
- ☐ Routes through which pesticides can enter the body.
- ☐ Signs and symptoms of common types of pesticide poisoning.
- ☐ Emergency first aid for pesticide injuries and poisoning.
- ☐ How to obtain medical care
- ☐ Routine and emergency decontamination procedures, including emergency eyeflushing techniques.
- ☐ Hazards from chemigation and drift.
- ☐ Hazards from pesticide residues on clothing.
- ☐ Warnings about taking pesticide containers home.
- ☐ Early entry requirements for an area currently under a Restricted Entry Interval (REI).
- ☐ Design of warning signs, posting of warning signs and oral warnings.
- ☐ Availability of specific information about applications.
- ☐ Protection against retaliatory acts.
- ☐ The training material used terms that the agricultural worker understood and the instructor asked questions to ensure the material was understood.

Training materials used: ☐ video(s) ☐ worker manual ☐ flip chart ☐ other _____

Date of training material(s) (year) _____

Certified Pesticide Applicator's Name (Print) _____

Certified Pesticide Applicator's Signature _____

Address _____ City _____ Zip _____

Certified Pesticide License Number _____ - _____ or _____ - _____
(Commercial/Governmental) (Private Applicator)

WHEN COMPLETED RETURN BOTTOM COPY TO: **JANET KIRKLAND**
MONTANA DEPARTMENT OF AGRICULTURE, P.O. BOX 200201, HELENA, MT 59620-0201